

CITY OF WICHITA, OFFICE OF CENTRAL INSPECTION  
7<sup>TH</sup> FLOOR, 455 NORTH MAIN, WICHITA, KANSAS 67202  
**ELECTRICAL CONTRACTING**

## APPLICATION FOR CONTRACTOR'S LICENSE

All licenses expire December 31. No permits will be issued after December 31 unless license and certificate(s) of insurance are renewed. Any license not renewed by January 31<sup>st</sup> shall pay a penalty of 10% for each month thereafter.

**PROOF OF GENERAL LIABILITY, AUTOMOTIVE LIABILITY AND WORKMAN'S COMPENSATION INSURANCE (CERTIFICATE OF INSURANCE) MUST ACCOMPANY THIS APPLICATION UNLESS OTHERWISE ON FILE.**

NEW \_\_\_\_\_

RENEWAL \_\_\_\_\_

**License Fee: \$100.00**

Certificate Fee: **\$20.00** biennial for each certificate  
Certificates expire **December 31<sup>st</sup>** of each **odd-number** year.

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

BUSINESS CONDUCTED AS: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

PERSONNEL OF BUSINESS:  
NAME

OFFICE OR POSITION

\_\_\_\_\_  
\_\_\_\_\_

MEMBERS IN ORGANIZATION HOLDING CERTIFICATES: (Please list **all** licenses and certificate number.)

NAME	MASTER	JOURNEYMAN	RESIDENTIAL WIREMAN	CERT #	BUS LIC #	EMAIL
EXAMPLE: John Doe	X			1234	5678	johndoe@elec.com

**PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:**

NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_

**(PLEASE COMPLETE BACK SIDE)**

**THE FOLLOWING MUST BE ANSWERED:**

1. ARE THERE ANY LIENS, SUITS OR JUDGEMENTS NOW PENDING AGAINST YOU OR THE BUSINESS PARTY? \_\_\_\_\_
2. HAVE YOU OR THE ORGANIZATION FILED FOR BANKRUPTCY DURING THE PAST YEAR? \_\_\_\_\_
3. WHO IS FINANCIALLY RESPONSIBLE FOR THE BUSINESS? \_\_\_\_\_

List below the full name, title and address of individual owner, all partners or officers. Include the qualified person for corporate licenses when not an officer in the corporation:

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
MASTER CERTIFICATE HOLDER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
OFFICER/PARTNER/CO-OWNER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
OFFICER/PARTNER/CO-OWNER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION**, it is understood that the applicant whose signature appears below as the qualified person agrees to comply with the provisions of all applicable codes pursuant to this application, fully realizing that it is necessary for at least one active member of a firm to have a current master certification, that it is unlawful for a licensee to allow his/her name or license to be used by another.

I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand any falsification of information on this application is justification for cancellation and recall of the master certificate and/or license.

_____	_____	_____	_____
MASTER CERTIFICATION HOLDER	DATE	OFFICER/PARTNER/CO-OWNER	DATE
_____	_____	_____	_____
OFFICER/PARTNER/CO-OWNER	DATE	OFFICER/PARTNER/CO-OWNER	DATE

**NOTE:** An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed and acknowledged by each member. A CORPORATION application must be signed by an officer of the corporation legally authorized to sign corporation documents. The MASTER CERTIFICATE HOLDER must always sign.

**OFFICE USE ONLY**

\_\_\_\_\_ Issue the License \_\_\_\_\_ Refuse the License

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_